

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

SEN 100

☐ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
☐ Print your name and address on the reverse so that we can return the card to you.
☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

American Safety Risk
Retention Group
Steve Crim
1845 Exchange St.
Atlanta, GA 30339

2. Article Number
(Transfer from service label)

7003 0500 0002 3278 3758

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

5. Signature

☐ Agent
☐ Addressee

6. Received by (Printed Name)

7. Date of Delivery

8. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-11-1540